

City of San Jose Healthy Neighborhoods Lifestyle Survey

Parents of 5 to 9 Year-olds Satisfaction - FY 2009-10

Agency Name—Program Identification (Opt.)

Please fill out the following survey on the impact of the *Agency Name—Program Identification (Opt.)* program on your child. Your input will help us continue to assist other children. Your opinion of our program is important to the people who provide funding for us to serve your child. Please take a few minutes and answer the following questions. Thank you.

Please fill in your child's birth date: Month ____ Day ____ Year ____ Today's Date: _____

Please give us the first and last initials of your child's name: First Initial ____ Last Initial ____

Please put an X in the box that describes your opinion:

1. I think the program and activity my child participated in was:

☐ Poor ☐ Fair ☐ Good ☐ Great

2. How much did your child benefit from this program and its activities?

☐ Not at all ☐ Some ☐ A lot

3. How much did the people who ran the program care about your child?

☐ Not at all ☐ Some ☐ A lot

4. Do you think this program would help another family's child?

☐ Yes ☐ Maybe ☐ No

Please put an X in the box that best describes your child's health today, mental and physical:

5. My child's health overall is:

☐ Poor ☐ Fair ☐ Good ☐ Excellent

<u>Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Check or "X")</u>	<u>Better</u>	<u>Worse</u>	<u>About the Same</u>	<u>Don't Know</u>
6. Because of this program, my child does his/her schoolwork:				
7. Because of this program, my child gets along with adults:				
8. Because of this program, my child learns new things:				
9. Because of this program, my child's confidence in him/herself is:				
10. Because of this program, my child gets along with other children:				
11. Because of this program, my child's ability to stay safe is:				
12. Because of this program, my child can interact with new people of all ages, both young and old:				
13. Because of this program, my child is practicing healthy habits:				
14. Because of this program, my child knows who to ask about staying healthy:				

City of San Jose Healthy Neighborhoods Lifestyle Survey
Parents of 5 to 9 Year-olds Satisfaction - FY 2009-10
Agency Name—Program Identification (Opt.)
